PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									091		06	
CLAIMS AS FILED - PART I (Column 1) (Column 2								MALL E	NTITY	OR	OTHER	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FE	E 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3 7 minus 20=		• 17			X\$ 9=		OR	X\$18=	306.2
INDEPENDENT CLAIMS			Lp m	inus 3 =	1			X40=		OR	X80=	87.2
Mi	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+135=			OR	+270=	-3 mix
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	109 6,00
CLAIMS AS AMENDED - PART II										]	OTHER	_, _
<u> </u>		(Column 1)	5-6-04			(Column 3) SMA			ENTITY	OR	SMALL	ENTITY
ENT A		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 37	Minus	3	2	=		X\$ 9=		OR	X\$18=	1
AME	Independent	NTATION OF M	Minus	••• 4	CLABA	= /	X40=			OR	X80=	
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 +135=		OR	+270=	
د الموسلة ورام الموسلة المستولية المستولية المستولة المستولة المستولة المستولة المستولة المستولة والمستولة والمستولة المستولة ال								TOTAL			TOTAL ADDIT. FEE	. ( )
	;	(Column 3)	AU	DIT. FEE			ADDII. FEEI					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	,	X\$ 9=		OR	X\$18=	7,
	Independent	NTATION OF 14	Minus	***	O: A/11	=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		OR	+270=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	. <b>-</b>	=	\[ \]	(\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		<b>(40=</b>		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Ì		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR .	+270=	
**	"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE										TOTAL ADDIT, FEE	
		ber Previously Pai					found	in the ap	propriate box	in coli	umn 1.	

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